

OUT OF NETWORK CARE POLICY

In the event of an emergency, covered worker may seek care from the nearest medical service provider or hospital regardless of MPN membership status.

(a) In the event that an injured worker is unable to obtain necessary and authorized care within the MPN, due to either;

- (1) Unavailability of a contracted provider within the specialty necessary and authorized specialty
- (2) Lack of contracted providers in the geographic area; or
- (3) Necessary care is required outside of the MPN's geographic coverage area;

Examiner or Case Manager may authorize injured worker to seek treatment outside of the MPN with a non-network provider in the appropriate specialty.

(b) Injured Worker must notify Claims Examiner or Case Manager (if applicable) prior to seeking care, or, as soon as possible after seeking emergency care

(c) Examiner or Case Manager shall first attempt to secure a provider from either the greater Status PPO or an affiliate PPO Network. If no provider exists within the affiliate networks, case manager or examiner will assist injured worker in finding an out of network provider.

(1) Examiner or Case Manager shall refer provider's name, address, and specialty information to MPN Director who shall make an immediate attempt to negotiate a contract.

(2) In no event shall medically necessary treatment be denied, delayed or modified based on a provider's refusal to provide a discount.

(d) Examiner or Case Manager shall notify out-of-network provider in writing prior to treatment that all referrals for specialist or ancillary services must be preauthorized and directed through MPN.

(1) Payment for non-emergency services where preauthorization is required, but not obtained, may be denied.

(e) Should a contracted MPN provider become available, treatment may be transferred back into the MPN in accordance with provisions established in the MPN's Transfer of Ongoing Care Policy